Start Card No W/0068 File Original and First Copy with WATER WELL REPORT UNIQUE WELL I D # AB Department of Ecology Second Copy — Owner's Copy STATE OF WASHINGTON Third Copy — Driller's Copy Water Right Permit No c yiew OWNER Name (1) LOCATION OF WELL County (2a) STREET ADDRESS OF WELL (or nearest address) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION Domestic PROPOSED USE Municipal Industrial [] Irrigation Formation Describe by color character, size of material and structure, and show thickness of aquifers Other Test Well 🔲 Π П DeWater and the kind and nature of the material in each stratum penetrated with at least one entry for each change of information Owner's number of well (If more than one) TYPE OF WORK MATERIAL FROM TO Abandoned New well Method Dug [] Bored 🗌 100soil + Grave 0 Cable Rotary Deepened Driven [Jetted 🗍 Reconditioned [SAND / + Grave DIMENSIONS Diameter of well inches Clay feet Depth of completed well **CONSTRUCTION DETAILS** + Grave Casing installed, Diam from 6raue 256 Welded Diam from 397 Diam from Threaded 4 Perforations Yes Type of perforator used SIZE of perforations in by perforations from perforations from perforations from Manufacturer's Name RECEIVED Type JUN 0 5-7001 Dram (a Slot size ft DEPT OF ECOLOGY Gravel packed Yes 🗌 Size of gravel Gravel placed from Surface seal Yes No To what depth? Material used in seal Yes 🖸 Did any strata contain unusable water? Type of water? Depth of strata Method of sealing strata off (7)PÜMP Manufacturer ş Name WATER LEVELS Land-surface elevation 0 ft below top of well WELL CONSTRUCTOR CERTIFICATION lbs per square inch Date Artesian water is controlled by I constructed and/or accept responsibility for construction of this well, and its (Cap valve, etc.) compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief WELL TESTS Drawdown is amount water level is lowered below static level Was a pump test made? Yes No 🔲 If yes, by whom?_ Done NAME gal/min with ft drawdown after hrs Address 11 (Signed) Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level) Time Water Level Water Level Water Level Time Time Contractor's Registration (NELLDE 1005N (USE ADDITIONAL SHEETS IF NECESSARY) Date of test oal /min_with ft drawdown after Ecology is an Equal Opportunity and Affirmative Action employer. For spegal /min with stem set at cial accommodation needs, contact the Water Resources Program at (206) Artesian flow Date gpm 407-6600 The TDD number is (206) 407-6006 Temperature of water Was a chemical analysis made? Yes 🔃